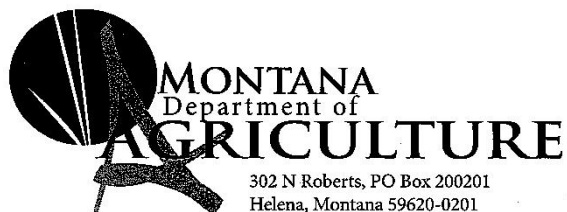


Steve Bullock
Governor



302 N Roberts, PO Box 200201
Helena, Montana 59620-0201

Ron de Yong
Director

406.444-3144 • Fax: 406.444.5409 • agr@mt.gov • www.agr.mt.gov

INSTRUCTIONS FOR SERVICE OF PROCESS FORM

1. **Type or print all information except required signatures.**
2. **Complete pages 1 and 2 of the application form.**
3. **Fee: Five Dollars (\$5.00) for filing service of process.**
Make checks payable to MONTANA SECRETARY OF STATE
4. **Mail to: Montana Secretary of State of Montana**
State Capitol Building
PO Box 202801
Helena, MT 59620-2801
5. **Pesticide Licenses and Commodity Dealer/Public Warehouse Licenses will not be granted until the service of process has been certified by the Secretary of State.**

Any questions concerning these forms should be directed to the Montana Department of Agriculture, Agricultural Sciences Division, PO Box 200201, Helena MT 59620-0201. Telephone: (406)444-5400.

STATE OF MONTANA
Department of Agriculture
AGRICULTURAL SCIENCES DIVISION

NAME AND COMPLETE)
ADDRESS OF APPLICANT)

CONSENT TO LICENSING LAWS
AND
DESIGNATION OF AGENT FOR SERVICE OF PROCESS

- () The undersigned, a nonresident of Montana, is applying for a license under the **Montana Pesticides Act, Title 80 Chapter 8, MCA** and for the purpose of complying with the provisions of **section 80-8-210**, consents to the licensing laws of the state of Montana and to be used in the courts of the state of Montana upon all causes of action arising against the undersigned in the state of Montana.
- () The undersigned, a nonresident of Montana, is applying for a license under the **Montana Grain Act, Title 80 Chapter 4, MCA** and for the purpose of complying with the provisions of **section 80-4-406**, consents to the licensing laws of the state of Montana and to be used in the courts of the state of Montana upon all causes of action arising against the undersigned in the state of Montana.

The undersigned, a nonresident of Montana is (check appropriate statement and complete entries):

- () a corporation which has an effective certificate of authority to transact its business in Montana and has duly appointed an agent or attorney upon whom service of process may be made in such causes of action, and such service when so made shall be valid service on the undersigned. The name and address of such duly appointed agent or attorney is:

(Name of Registered Agent)

(Street and Number and Post Office Box, if any)

(City or Town, State and Zip Code)

- () an individual
- () a partnership
- () a corporation which does not have an effective certificate of authority from the Secretary of State to transact its business in Montana and which does not transact business in Montana and so as to require it to procure such a certificate of authority.

and hereby designates the Secretary of State of the State of Montana as its lawful agent or attorney upon whom service, when so made upon the Secretary of State, shall be valid service on the undersigned. The address to which the Secretary of State shall forward any such service of process made on him is:

(Street and Number and Post Office Box, if any)

(City or Town, State, and Zip Code)

Signature of Applicant, if an individual or
exact name of partnership or corporation

by:

Signature of Officer or Agent

Title of Officer or Agent

ACKNOWLEDGEMENT FOR INDIVIDUAL

STATE OF)
) ss.
County of)

On this _____ day of _____, 20____, before me the undersigned, a Notary Public,
personally appeared _____, known to me to be the person whose name
is subscribed to the foregoing Consent to Licensing Laws and Designation of Agent for Service of Process,
and acknowledged to me that ____ he ____ executed the same.

(Notarial Seal)

Notary Public for the State of _____
Residing at _____
My Commission Expires _____

ACKNOWLEDGEMENT FOR PARTNERSHIP OR CORPORATION

STATE OF)
) ss.
County of)

On this day of _____ day of _____, 20____, before me the undersigned, a Notary
Public, personally appeared _____, known to me to be the _____ of the
partnership corporation that executed the foregoing Consent to Licensing Laws and Designation of
Agent for Service of Process, and acknowledged to me that the partnership or
corporation executed the same.

(Notarial Seal)

Notary Public for the State of _____
Residing at _____
My Commission Expires _____

TO BE COMPLETED BY SECRETARY OF STATE

I, Linda McCulloch, Secretary of the State of Montana, do hereby certify that the foregoing is a true,
completed and correct copy of the Consent to Licensing Laws and Designation of Agent for Service of
Process by _____
as received and filed in my office on _____, 20____.
In Witness Whereof, I have hereunto set my hand and affixed the Great Seal of the State of
Montana this _____ day of _____ 20____.

Linda McCulloch
Secretary of State

(Great Seal)

By: _____
Deputy